STATE OF CALIFORNIA CALIFORNIA INTEGRATED WASTE MANAGEMENT BOARD Base Year Modification Request Certification Agenda Item CIWMB 628 (NEW 7/99) Attachment 2 Board Meeting January 23-24,2001 To request a correction to or substitution for a previously approved base-year amount used in calculating the diversion rate for your jurisdiction, please complete and sign this form and return it to your Office of Local Assistance (OLA) representative at the address below, along with any additional information requested by OLA staff. When all documentation has been received, your OLA representative will work with you to prepare for your appearance before the Board. If you have any questions about this process, please call (916) 255-2555 to be connected to your OLA representative. Mail completed documents to: California Integrated Waste Management Board Office of Local Assistance, MS 8 8800 Cal Center Drive Sacramento CA 95826 **General Instructions:** Please select the ONE choice below that best explains your request to the Board, and complete the appropriate sections. All respondents must complete Section I and either Section II A or II B, as noted. 1. Correct our existing Board-approved base-year generation (disposal or diversion) tonnage. (Please complete Section I and Section II A.) 2. Use a recent generation-based study to substitute for our existing Board-approved base-year generation amount, but not officially change our existing Board-approved base year. (Please complete Section I and Section II 3. Use a recent generation-based study to officially change our Board-approved existing base year to a new base year. (Please complete Section I and Section II B.) Section I: Jurisdiction Information and Certification All respondents must complete this section. I certify under penalty of perjury that the information in this document is true and correct to the best of my knowledge, and that I am authorized to make this certification on behalf of: Jurisdiction Name County Santa Cruz City of Capitola Authorized Signature Title **Public Works Director** Phone Type/Print Name of Person Signing Date

Fred Braun September 8, 2000 (831) 475-7300 Person Completing This Form (please print or type) Phone Fred Braun **Public Works Director** (831/475-7300) Mailing Address State ZIP Code City 420 Capitola Avenue Capitola CA 95010

11. Current Board-approved ase year:	A2. Increased or diversion tons re	equested:	A3. Increased or decreased disposal tons requested:	A4. Proposed tons requested (add figures fr A2 and A3):	
Board-approved method f	rom the March 26, rom November 5, 1	1997 "Agenda I 1998 "Agenda Ita	Item 32" list.* Name of method: em 8" ["LA Fix" method].* the method in detail below.)		
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If you need a copy of eith	ner agenda item, co	entact your Offic	e of Local Assistance representativ	e .	
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9. In the table below, list the disposal data records that support your claim and are available for Board auclude type of record and location; for example, weigh tickets from transfer station. Source of Additional Disposal Tons Type of Record	udit.	of Dava
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Enter your diversion rates in the table below.		
1997	169	8
Current calculated diversion rate: a.	b.	
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%		
 If the proposed base-year generation tonnage correction results in an increase in either your 1997 or plain how your diversion rate is consistent with your diversion program implementation efforts. 	1998 waste diversion	1 (912. */P*
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	rase reference eac	on response to the appropriate	cell number (e.g., B4).		
B1. Current Board-approved base-year:		B2. Proposed new generation-t	pased study year:		
1990		1999			
B3. is the proposed generation study year repre	esentative of average	annual jurisdiction disposal and	diversion natterns? X Ves		
B4. Please select the ONE choice below that be			2 103		
All diversion tonnage claimed is from a 100 Some diversion data were estimated or ext	Dercent audit (full e	onimeration) of all available discussions	sion programs. Ount and method in detail below		
Diversion was calculated with data from a	survey of business	ses. We did not extrapolate to	the entire business populat		
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B5. In the table below, list the diversion data re include type of record and location; for example,	cords that support you	our claim and are available for Bo	ard audit.		
Diversion Program	Tons	Type of Record	Location of Da		
Commercial and residential programs	1,239	Weight tickets	Hauler		
Organics	403	Weight tickets	Hauler		
ADC	4	DRS	CIWMB		
City inerts	600	City records	City		
County (Self-haul)	2,226	Landfill records	County		
Business	_ 5,715 -	- Survey	Consultant		
•	5,715				
	1,277	Anthonia com a lite			
	7,700	3-thriff stores 12/14/0	PRIE		
56. Please select the ONE choice below that her	st explains your dien	cool data and annual to the cool			
B6. Please select the ONE choice below that bes a. All tons claimed are from the Board's Disp	st explains your disp posal Reporting Syst	osal data and complete the requi	red tables.		
b. All tons claimed are from the Board's Disj	st explains your disp posal Reporting Syst adit of hauler and se	osal data and complete the requitem (1995 and after). (No explans)	red tables.		
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9. Enter your diversion rates in the table below	<i>i</i> .						
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Proposed diversion rate:	c.		d.	, -	• (2) 18	100	
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10. If the proposed base-year generation tonno				/0		100	46
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